

Mechanical Contractor Examination Reschedule Application

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Michigan Department of Labor & Economic Growth

Bureau of Construction Codes & Fire Safety

Mechanical Division

P.O. Box 30255

Lansing, MI 48909

517-241-9325

Authority:1984 PA 192

Examination Fee: \$25.00

This is a written request to be rescheduled for the Mechanical Contractor Licensing Examination. This application must be accompanied by the fee prescribed. Please enclose a check or money order made payable to the **State of Michigan**.

Applicant Information

| | | | |
|------------------|-------|----------|--------------------------------------|
| APPLICANT'S NAME | | | LICENSE NUMBER (if applicable) |
| ADDRESS | | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |

I failed the examination _____ times. Date(s) of examination(s) _____

I am adding additional categories.

Examinations Failed

Law

1. Hydronic heating and cooling and process piping
2. HVAC equipment
3. Ductwork
4. Refrigeration
5. Limited heating service
6. Unlimited heating service
7. Limited refrigeration and air conditioning service
8. Unlimited refrigeration and air conditioning service
9. Fire suppression
10. Specialty license
 - a. Solar
 - b. Solid Fuel
 - c. LP Tank and Pipe
 - d. Underground Tank and Pipe
 - e. Gas Piping
 - f. Gas Piping and Venting

Additional Categories

1. Hydronic heating and cooling and process piping
2. HVAC equipment
3. Ductwork
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 - f. Gas Piping and Venting

Background Information

Have you been convicted of a felony or misdemeanor? No Yes

If yes, you will be provided with a "Request for Conviction History" form after filing this application. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. If approved for examination, an entrance card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

Preferred Site

Lansing Area

Escanaba

Preferred Date

No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Signature

| | |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.